



|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1 |                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 2 |                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> |
| 3 |                                                                                                                                                                                                                                                                | <input type="checkbox"/> |
| 4 |                                                                                                                                                                             | <input type="checkbox"/> |
| 5 |                                                                                         | <input type="checkbox"/> |
| 6 |       | <input type="checkbox"/> |